

Complete if Known Substitute for form 1449A/PTO **Application Number** 09/558,589 **Filing Date** 04/26/2000 INFORMATION DISCLOSURE First named Inventor YOUNES, Amro A. STATEMENT BY APPLICANT **Group Art Unit** 2739 Examiner Name (use as many sheets as necessary) Attorney Docket Number 53921/79 Sheet of 1

Examiner	Cite	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, page(s), volume-issue number(s)			
Initials*	Cite No.1	publisher, city and/or country where published			
Sub		"ATM Test Access Function (ATAF), Version 1.0", The ATM Forum Technical Committee, AF-TEST-NM-0094.000, February, 1998.			
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Examiner Signature	gulage.	Date Considered	Aug. 22, 2003

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Unique citation designation number. ²Applicant is to place a check mark here if English language Translation is attached.